1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10326 / /
, g &	Andrew Control of the	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. / 6 6
shauld cremoti		1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE MARYLAND D. COUNTY
Page , buriol,	×	b CITY OR TOWN (If outside corporate limits, write BURAL on give nearest town) ond give nearest town) Available C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
les prior to	00	a. NAME OF HOSPITAL OR INSTITUTION (If agt in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES D NO
funeral funeral r your fi		3. NAME OF DECEASED (Type or print) NEVA LOUISE BOWERS 4. DATE Month Day Year (Type or print) NEVA LOUISE BOWERS DEATH 10 2/ 1956
to the long in the		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH Female WIDOWED DIVORCED 4-2-40 9. AGE (In years foot birthby) Months Days Hours Min.
2, ond 3 be refo	1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) during most of working life, even if refired) Augh School Longard W/G 12. CITIZEN OF WHAT COUNTRYP Country of the c
ages 1, 29 5 may	7	13. FATHER'S NAME Sovers 14 MOTHER'S MAIDEN NAME Sovers 15. WAS DECEASED EVER IN U. S. ARMED FORCES? TIG. SOCIAL SECURITY NO. 17. INFORMANT
Give Page 3. Page P. Fife po	1)0	(Ves. 10. gr unknown) P(If yes, give war or doles of service) - Paul & Boners - Anantonna,
arm PM arm PM		18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
il in the		Conditions, if any, which gove rise to immediate cause (b)
in pende		(a), stating the underlying DUE TO (c) (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN PART 1(a) 19. WAS AUTOPSY
nding" r's Offi	0	3 Fracture Rt. Femur, Frachue lest tibra + filmla: La chating YES 10 10
ard "pe		CAUSE OF DEATH. Cutto Accident-anto fell in water + showstrapped
g the w redical	-11	12:30 c.m. 10/21 1956 of work of work 2 / fightrag 2/9 hear Oakland, Darrett, Md.
Chief N		21. I certify that I look charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined cause
ro the DIREC	. 2	ACTUAL SIGNATURE TOWAS & CUSTO M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
e the warded	ovoe ea	EXAMINER'S THO MAS F. LUSBY M.D. ASSISTANT MEDICAL EXAMINER DEPUT ME
10 of 1	ō	220. BURIAL CREMATION, 122b. Date THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial 10/23/1956 Deer Park Cemetery Deer Park, Maryland. 23/FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR'S SYCHAPURE
S. A15ME(5 5M 9/55	'S L'	Herlier C. Leighton Oakland, Md. DATE John To Registrates School of the Contract of the Contra

MARYTAND TIME DEPARTMENT OF HEALTH-BALLINGER, I MEDICAL EXAMINER'S CRITIFICATE OF DEATH

BUREAU V. E.

9961 28 100



VS A15 (4) 15M 9/SS M

	1033	7	CERTI	FIC	ATE OF DEATH	4		Reg. D	ist. No	16	, 6
1. PLACE OF DEATH o. COUNTY GA	RRETT		MARY	LAND	2. USUAL RESIDENCE (WI	here deceased	lived. If institut b. COUNTY		nce befo		ion)
b. CITY OR TOWN (III	f outside corporate time arest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF C	outside corpo	OAKLAND	RURAL and	give nee	arest fown	1) ×
OR INSTITUTION	OUNTY ME'O				d. STREET ADDRESS STAR RO	OUTE					FARM?
3. NAME OF DECEASED (Type or print)	Fic ZEI	et PHIA	Middle		tost FRIEND	4. DATE OF DEATH	Mod	CTOBE	Do R 25	,	Year 19 56
S. SEX FRIALE	6. COLOR OR RACE WHITE	7. MARI	NEVER MARRIE		B. DATE OF BIRTH	885	9. AGE (In years last birthday) yrs.	IF UNDER	R 1 YEAR Days		ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDU	11. BIRTHPLACE (Stole	MT M	ARYLAND	12. CI	U.		COUNTR
1B. CAUSE OF DEA	(If yes, give wor or dates of s TH [Enter only one co TH WAS CAUSED BY:	ousé per li	social SECURITY NO	A	BERT FR	iEN		Iress AKL		PERVAL BE	
Canditions, if or gove rise to in costs (o), stoting I lying couse lost.	mmediate (Q	releval,	Her	aconhogs o	Atro	Lump	legi	0 4	6 De	rey
PART II. OTH PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	IER SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	VEN IN PAI	RT I(a) 1	PERFO	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in	Port I or Part	II of item 1B.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. II White of wor	NJURY OCCURRED Not while at work	20e. PL fa	ACE OF INJURY (Home, form ctory, street, office bldg., etc	20f. (City	or town)	(County)		(Stote)
alive an UCT	at I attended the OBER 25		ce, and that		occurred at 10:18	ETOBER AM, from ADDRESS (St	25, 19 56 the causes of reet, city or town. MARYLAN	\$101e) 	last so	the state	decease ed abov ATE SIGNE
220. BURIAL CREMATION REMOVAL (Specify) 23. FUNERAL DIRECTOR'S	Oct-21-	1956	CLENDAL ADDRESS	ETERY C	EMETERY	NEAF DAY REGIST	ION (City, town,	YTON	quality	(State	MI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Jonn Knox

SARAH GREEN

June-12-1835 71

MEADOW MT

ALBERT PRIEND CAKLAND MD

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BERGHE COTISTION GLENBALE CEMETERY TIME ON

AM GRANACI SANCE

		10338 CERTIFICATE OF DEATH
		PLACE OF DEATH D. COUNTY GARRETT CO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) O. STATE W. VA b. COUNTY GRANT CO.
M)×		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAKLAND 3YEARS C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAYARD V.VA • 85 X - 3
90		d. NAME OF HOSPITAL (IF not in hospital, give street address) OR INSTITUTION WEEKS NURSING HOME. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO B} \)
		NAME OF DECEASED ANNIE HILL GUTHRIE DEATH OCT. 13 1956
	E	6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED AUG-13-1860 9. AGE (In years last birthdoy) Months Doys Hours Min.
1		USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stote or foreign country) HOUSEWIFE 12. CITIZEN OF WHAT COUNTRY?
1)		GEORGE HILL CAROLINE SHREVES!
0	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS. GEORGE FULK. BAYARD W. VA
		18. CAUSE OF DEATH [Enter only one couse per list for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO INTERVAL BETWEEN ONSET AND DEATH SPECIAL LIST OF THE PROPERTY OF
		Conditions, if any, which gave rise to immediate coesse (a), stating the under-typing cause last. (b) Meyor caudeal Heart Desease Splans (c) DETO (d) DETO (e) DETO (e) DETO (f) DETO (f) DETO (g) DET
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Not while at wark at the art wark at the
		21. I certify that I attended the deceased fram
1		ACTUAL SIGNATURE GUESTINE M.D. CARCINED DATE SIGNED M.D. CARCINED M.D. LOCALINE
	L	PHYSICIAN'S NAME (Type)
	220	BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) REMOVAL (Speci
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS OAKLAND MIN DATE 15 16 HULLA WOWLAND
		, , , , , , , , , , , , , , , , , , ,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

GARRETT CO A 14 BAYARD WW CHICARD STEARS WEEKS AURENTE HOME Anne Hill Garage FEPTALE WHITE " Aug-13-1860 96 HOUSEWIFE Z. A PO VI TOART REPORT

GEORGE HILL

CAROLINE SHREVES! MRS GEORGE FULK BAYARD W. 14.

355I ST 100

GART LO

BORGAL CELISIPSE BAYARD CEMETERY BAYARD CAKLAND MUSS

VS A1S (4) 1SM 9/SS M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10329

10330	OEKIII IÇA	AIL OF BLATT	Reg. Dist.	No.
1. PLACE OF DEATH O. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	b. COUNTY	before admission) RETT
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) d. NAMÉ OF HOSPITAL (If not in hospital, give street addr. OR INSTITUTION	LENGTH OF STAY IN 16 30 YRS ess)	c. CITY OR TOWN (If autside carp) RANTSU d. STREET ADDRESS	orate limits, write RURAL and giv	e. IS RESIDENCE ON A FARM? YES NO
100. USUAL OCCUPATION (Give kind af wark dane) during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME AMJEL PLAGE	OF BUSINESS OR INDU	8. DATE OF BIRTH STRY 11. BIRTHPLACE (Stote or foreign of Som ERSET (14. MOTHER'S MAIDEN NAME) NFORMANT	9. AGE (In years IF UNDER I last birthday) Months D	Day Yeor 19 C YEAR IF UNDER 24 HRS. Pays Haurs Min. EN OF WHAT COUNTRY
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (c)	r (a). (b), and (c).],	nam Bealus vosclerosis	ion Uccon	INTERVAL BETWEEN ONSET AND DEATH ANTONICA 10 y
PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		NOT RELATED TO THE TERMINAL DISEA:		(a) 19. WAS AUTOPSY PERFORMED? YES NO
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJUR	Nat while for	ACE OF INJURY (Hame, farm, 20f. (Cit ctary, street, office bldg., etc.)	y or town) (Car	unty) (State)
21. I certify that I attended the deceased alive on 0 to 12 19 5 (ACTUAL SIGNATURE C W Statle PHYSICIAN'S C. W. S NAME (Type)	, and that death	19, 1956, to Oct 1, accurred at 2: P.M. from ADDRESS (S	m the causes and on the	st saw the decease date stated above DATE SIGNE
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22. REMOVAL (Specify) 10/20/56 23. FINERAL DIRECTOR'S SIGNATURE WMMAN	ADDRESS LAND	R CREMATORY 22d. LOCA THERE AND 24d. REC'D BY REGIS VIELLE AND THE ON A 1	TION (City, lown, ar county) LACAL DESTAT TRAR 24b. REGISTRAR'S SIGN	(State) MD HATURÉ

BUREAU V.

9561 78 100

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10240 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	10340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) 5. COUNTY
	GARRETT CO. MARYLAND STATE MD S.COUNT GARRETT
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
X	ACCIDENT FRIENDSUILLE. HURAL
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON AFARA YES NO
3.	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) WILL ATT H KISSNER DEATH OLTOBEN 19 19 56
5.	SEX 6. COLOR OR RACE 17. MARRIED TO NEVER MARRIED TO B. DATE OF RIPTH 9. AGE III YOUR 1/FAN I FUNDER 1/FAN I FU
1	MALE WIDOWED DIVORCED JULY-11-1881 Just birthday) Months Days Haurs Min.
, To	Do. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
-1	during most of working life, even if retired) WOODSMAN FRIENDSUILLE MD U.S
T To	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
A X-	SAMES A. MISSNER. MARY WAYRLE
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
0	(s. no. or unknown) (If yes, give war or dates of service) 1992-18-2836 RALPH KISSNER FRIENDS VILLE MI
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORON ANY OCCUSION ONSET AND DEATH
	420/ DUE TO
	Conditions, if ony, which) (b)
	gove rise to immediate couse
	(o), stoting the underlying OUE IO
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOI PERFORMED
0 3	YES NO
TIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
GE	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
Z	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta
MEDICAL	Hour o. m. While Not while factory, street, office bldg., etc.) p. m. 19 at work of work
	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry and find
	death respited from: Natural causes A. Accident . Suicide . Homicide . Undetermined couse .
0	SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNE
000	ASSISTANT MEDICAL EXAMINER TO A STORY
	EXAMINER'S (Type) (1) ISAN MGANGINER 12 DEPUTY MEDICAL EXAMINER 127 OCT, CD-1956
22	20. BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (State)
1	BURIAL OCT - 22 4956 FRIENDSHILLE CEMETERY FRIENDSVILLE MD.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	mrev Bolden CAKLAND MD DATE Oct. 22. 5 6 Mes. Ruth From

(- ARRETT Co GARRETTUD aM FRIENDSVILLE. RUBAL ACCIDENT STAR ROUTE MALE WHITE HERES July 1881 11-1205 namegood 2 13 FRIENDSVILLE NID JAMES O. MISSARER MARY WAYBLE Ma-18-28-16 PHALPH KISSHER FRIENDSVILLE MID IT BUREAU Y. K. 9961 98 100 BUREAL BUT, - 23 445% FRIENDSVILLE CEMETERY FRIENDSVILLE EMERICAL CARLAND MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ALLEGANY

Month

Address

Rea. Dist. No

Day

7056 IF UNDER I YEAR IF UNDER 24 HRS.

Days

(County)

What I last saw the deceased

Months

MC COOLE.

. IS RESIDENCE

ON A FARM? YES NO NO

Year

19

Hours

U.S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

VS A15 (4) 15M 9/SS

HTASO TO STADRITED

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BUREAU V. &

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UCI 52 1956

BECEINED

pfter death. Page 4

that the deoth certificate be executed within 24 haurs

by the hospital or attending physician.

moy be retoined poge 3 should

VS A15 (4) 1SM 9/SS

J. R. Durst.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 7 FilmG205 10-29-56 et CERTIFICATE OF DEATH

10349

Re

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g.	Dist.	N	0.		9	

1. PLACE OF DEATH o. COUNTY	Garrett	MARYLAND	2. USUAL RESID o. STATE	ENCE (Where deceed Marylan	sed lived. If institution b. COUNTY	Garre	
b. CITY OR TOWN (If RURAL and give neo	outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO		porote limits, write RUI		nearest town)
rural-Fro	stburg	life			rg, R.F.I). 2	X
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	oddress)	d. STREET AD	DORESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Lost	OF	Month		Day Year
(Type or print)	MARY	ELLEN	MORO	JAN DEAT	H Octol	per	14, 19 56
5. SEX Female	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		A CONTRACTOR OF THE PARTY OF TH	Months Days	AR IF UNDER 24 HRS.
famel	white widow	/ED DIVORCED	6-25-18	371	85 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION	N (Give kind of work done 10b	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLA	CE (State or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
housewo		own home	Ma	aryland		U	S.A.
13. FATHER'S NAME		THE ROTT OF LINES	14. MOTHER'S	MAIDEN NAME			
Tobi	as Foutz			Annie	Miller		
	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	55	
		none	Mrs. Ann	nie Gile	s, Frost	tburg,	Md.
PART I. DEAT	TH [Enter only one cause per I H WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (0), (b) and (c).]	lente	i Lee	kenin	01	NTERVAL BETWEEN NSET AND DEATH
2040	DUE TO	() ()					10
Conditions, if on	y, which) no						
gave rise to im	mediate (
lying couse lost.	(c)						
PART II. OTHI	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEA	ASE CONDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY A	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in Part I or P	ort II of item 1B.)		
Y 20c, TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. White of wo	Not while	PLACE OF INJURY (H octory, street, affice	lome, form, 20f. (C bldg., etc.)	ity or town)	(Count	ly) (State)
21. I certify the	at I attended the decea	sed from July	1914	to Oct	14.19.56	that I last	saw the deceased
alive on_ C	ctobe 14 19	FY 12 13	h occurred at	POOM fre	, ,		date stated above.
	107	O'	2131	0 .	Sirettelly of lown, st		DATE SIGNED
ACTUAL	Athn 15	to treves,	M.D	Tim	Stown	of le	W 10/15/15
PHYSICIAN'S NAME (Type)	John B.	DAVIS, M.		1-100	thing	mo	0-
220. BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOC	ATION (City, town, or	county)	(State)
Burial (Specify)	10-17-56	F'bg. Memo	rial Par	3	Frostburg		Md.
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			STRAR 246. REGIST		

Frostburg, Md.

		ASSISTED	
		21-68-711-70-162	
		GIL TIME	
		10 V 6316	Amagain and The Target
The second	is in the state of		
	F 1861-35-8		SALES SALES
THE PERSON NAMED IN	January Company		1200 1 t a 2002
on, organization, Md.			
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			March Company of the
MALL CONTRACTOR CONTRACTOR			principal according to the second
		ATTIVITY OF THE PROPERTY.	
			the all barries I to 1 stone 1. The
and a company of			
BUREAU V. S.			
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10333

1. PLACE OF DEATH o. COUNTY	Garrett	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Md.	here deceased lived. If in b. CO	HNTV	e before odmis	sion)
b. CITY OR TOWN (If RURAL and give no	outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside carporate limits, w	rite RURAL and g	ive nearest tow	n)
Grantsv:	ille, Md.	50 yrs.	Grantsvi	lle, Md.			X
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in haspital, give stree	t address)	d. STREET ADDRESS			ONA	FARM?
3. NAME OF 5+c. DECEASED (Type or print)	STEWARD.	Rodamer	(ROMAMER)	4. DATE OF DEATH Oct	Month 22	Day	Yeor 1956
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In lost birth		YEAR IF UND	
Male	White widow	VED DIVORCED	Aug. 9. 18	91 65	yrs. Manths	Days Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10th	. KIND OF BUSINESS OR INDU		or fareign country)	12. CITI	ZEN OF WHAT	COUNTRY
Retired		ank cashier	Somerset	Co., Pa.	fl.	.S.A.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	Cyrus Rodame	r	Lydia Y	oder			
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16		NFORMANT		Address		
(tes, no, or unknown)		16-03-8553 M	rs. Orpha R	odamer. Gi	rantsvi	lle. M	Id.
Canditians, if or gove rise to in case (o), stoting t lying couse lost.	nmediate DUE TO (c)	Lym CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART	1(a) 19. WAS	AUTOPSY
ČE CAT							NO 1
(IF EITHER, NOTIFY	S UNDERLYING (1) 20b. DE (1) CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 ar Part II of item 1	8.)		
Y 20c. TIME OF INJURY Haur a.m. p. m.	Whil		ACE OF INJURY (Hame, farm clory, street, affice bidg., etc			aunty)	(State)
21. I certify the	at I attended the decea	5L, and that death	, 19 48, ta accurred at 6:30	PM, fram the cause ADDRESS (Street, city or	ses and an th	e date state	deceased ed above ATE SIGNE
ACTUAL SIGNATURE	C W ST	otler MD	M.D. 349	Main St	· Meyer	sdule	Pa 10/
PHYSICIAN'S NAME (Type)	C.M.	Stot Ler	MD				,
22a. BURIAL, CREMATION REMOVAL (Specify) BUPL al	10/23/56	Grant svkl		22d. LOCATION (City, No. Grantsvil.	,,,	ett Co	
23. UNERAL DIRECTOR:	1 1 1 1	ADDRESS grantsville,		D BY REGISTRAR 24b.	REGISTRAR'S SIG	NATURE	1

CERTIFICATE OF DEATH

Section 1

The Topics

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Total Miles

Part No.

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VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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CEDTIEIC ATE	OF	DEATE
CERTIFICATE	UL	UEAIL

8 10334 Reg. Dist. No. /6

	10344		CERTII	FICATE	OF DEAT	Н		Reg. Dist.	No. /	66
1. PLACE OF DEATH o. COUNTY	GARRE	TT	MARY	0 9	WEST V	traini.	b. COUNTY		before adm	ission) V
b. CITY OR TOWN (I RURAL and give ne	outside carporate limitarest tawn) Oakland	ts, write	c. LENGTH OF STAY I		CITY OR TOWN (IF	outside corpo BAYARD	rote limits, write f	RURAL and giv	re nearest to	wn)
OR INSTITUTION	AL (If not in hospital, QUNTY MELIOR			d.	STREET ADDRESS				ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin BERTHA	st	Middle FLORENCE	SPI	Lost ENCER	4. DATE OF DEATH	OCTOBER	5.19°	Day 56	Year 19
5. SEX FENALE	6. COLOR OR RACE WHITE	7. MARRIE	DIVORCED	_	OF BIRTH	1886	9. AGE (In years lost birthdoy) 69 yrs.		YEAR IF UN	
10a. USUAL OCCUPATION during most of work	ing life, even if retired	done 10b. K	IND OF BUSINESS OF	R INDUSTRY 11.		e ar foreign co IRGINI	•	U.S		AT COUNTRY
13. FATHER'S NAME KENNE	TH HILL			14. M	ELIZAB		AYERS			
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFORMA		PENCER	BAYAI	RD, WES	ST VIR	GINTA
Conditions, if or gove rise to it cose (o), stating lying couse lost.	nmediate (Car	ONTRIBUTING TO DEA	ATH BUT NOT RE	LATED TO THE TERA	MINAL DISEAS	E CONDITION GI	VEN IN PART I	347	S AUTOPSY FORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CCURRED. (Enter	nature of injury in	Port I or Port	11 of item 18.)			NO []
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	or 20d. IN While of work	Not while	20e. PLACE OF factory, stre	INJURY (Home, far eet, office bldg., et	m, 20f. (City	or town)	(Co	unty)	(Stote)
actual SIGNATURE	at I attended the ober 1., included ANDREW E. 1	12.5 M	6, and that		19 <u>55</u> , to <u>(</u> red at 6:00 Oalet OAKLANI	AM, from		and on the	date sta	
220. BURIAL, CREMATIO REMOVAL (Specify)	001-7-	1956	22c. NAME OF CEME		TERY	BAY	FION (City, town,		XX	lote) VA
23. FUNERAL DIRECTOR	Boldin	OF	ADDRESS	M	D 3 DATE	by REOIST		STRAR'S PICK	THE S	ven

CERTIFICATE OF DEATH

N Cavadana

996I II 100

CONTRACT PROPERTY CEMETERY CONTRACT English Com CARLAGO Minde

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10335

CERTIFICATE OF DEATH

10345

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED
COUNTY Garrett	MARYLAND	STATE Mar	vland county Ga	rrett
CITY (If outside corporete limits, write RURAL OR and give nearest town)	CITY (If outside corp	CITY (If outside corporate limits, write RURAL end give nearest town)		
TOWN Friendsville()	Rural (in this place)	TOWN -	dsville (Ru	m=7 \ X
HOSPITAL OR	tar armire of the	STREET	(If rural giva loce	ral) X
INSTITUTION OR STREET ADDRESS	The state of the s	ADDRESS		
3. NAME OF (First) DECEASED	(Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
(Type or Print) Katherine		Teats	DEATH 10	22 19 56
5. SEX 6. COLOR OR 7. SIN	GLE, MARRIED, 8. DAT	E OF BIRTH	<u> </u>	INDER 1 YEAR JIF UNDER 24 HRS.
Female White Sp.	oowed, Divorced, widowed 2	/2/1864	O2 yrs. Mon	nths Days Hours Min.
10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, avan if	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT
ralirad) Housewife	Home	Maryland		II.S.A.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			UaDaRa	
William E. Frien	d	Mary Ar	ın Friend	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS				
(Yes, no, or unk.) (If Yas, give wer or detes of ser	vice)	O M	andre Mariana	
	18. MEDICAL C		eats, Friends	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	0)		ONSET AND DEATH
4420.0 IMMEDIATE CAUSE (A)	Genem	a.		
ANTECEDENT CAUSE(S) DUE TO	(h 1)	· . 1) 1. th		1
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	suntrall	gra well	losciarosi	2/
STATING UNDERLYING CAUSE LAST. DUE TO	arlered	lo a los ste	· Hereta	Jesias ()
TO THE DEATH BUT NOT RELATED TO THE	G	2424 -0	0 / - 0 0 1	
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION I 19b. MAJOR	FINDINGS OF OPERATION			
INS. DATE OF OFERATION	THOMAS OF OPERATION			20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	LACE (Homa, ferm, factory, URY street, office bldg., etc.)	21c. WHERE DID INJURY OCC	JR? (City or town)	(County) (State)
	lour) 21e. INJURY OCCURRED	1 21f. HOW DID INJURY OCC	UR?	
	M. et work et work			
22. I hereby certify that I attended		19 56to 11	mark 10	nat I last saw the deceased
1)	. //	. (1)		
alive on Alfall, 19	and that death occurred	at	causes and on the date RESS (Streets city, town, state	
Inestal &	amous M.D.	KIDI	markleys 4	UNG TO DE 22
23. BURIAL, CREMATION, DATE THEREO	NAME OF CEMETERY	OR CREMATORY	LOCATION (City fown, or o	county (Steta)
Burial 10/24		lsville,	Friendsvi	Me. Wa.
24. REC'D BY REGISTRAR REGISTRAR'S		25. FUNERAL DIRECTOR'S		ADDRESS / //
DATE 23-1956 Mrs P.	The Frants	Jack 1	I trued	triendsvell
			- /-	

ATTEN AG PHYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

RECEIVED 1956

BUREAU V. S.

CERTIFICATE OF DEATH

OF RECENT LAB CEPARTY MENT OF HEALTH-DALTHAGER TO